**BONNEVILLE COUNTY MASTER GARDENER DIAGNOSTIC CLINIC**

**2925 Rollandet, Idaho Falls, ID 83402 phone: (208) 529-1390 x 108 email:** **bonnemg@uidaho.edu**

Name:

Address of

Date Submitted:

Problem: City: State: Zip:

Mailing Address

(if different): City: State: Zip:

Home Phone

Daytime Phone: Cell Phone:

(if different):

Please describe the problem:

When did you first notice the problem? Is the problem getting worse?

What information would you like from us?

**Site Information (****all that apply)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location (indoors)** | **Location (outdoors)** | **Soil Type** | **Type of Irriga** | **tion** |
| ⁯ Garage | ⁯ Near street or driveway | ⁯ Clay (heavy) | ⁯ None | ⁯ Flood |
| ⁯ Basement | ⁯ Yard | ⁯ Loam | ⁯ Row/Furrow | ⁯ Sprinkler |
| ⁯ Kitchen | ⁯ Park | ⁯ Sand (light) | ⁯ Drip |  |
| ⁯ Food Storage | ⁯ Windbreak/screen |  | **Water Source:** | ⁯ City ⁯ Well ⁯ Ditch |
| ⁯ Dining area | ⁯ Woodland/forest |  | ⁯ Amount? |  |
| ⁯ Living Room | ⁯ Meadow/Rangeland |  | ⁯ How often? |  |

⁯ Bathroom ⁯ Ornamental/foundation planting When? ⁯ Morning

⁯ Bedroom ⁯ Vegetable garden ⁯ Afternoon

⁯ Porch ⁯ Other: (specify)

⁯ Other: (specify)

⁯ Evening

**Chemicals Applied Soil Drainage Insect/Weed Identification**

⁯ Fertilizer What?

⁯ Fungicide What?

⁯ Insecticide What?

⁯ Herbicide What?

When? When? When? When?

⁯ Excellent Number of Insects/Weeds

⁯ Average ⁯ Few ⁯ Many

⁯ Poor Are they causing a problem?

⁯ Wetland ⁯ Yes ⁯ No

⁯ Hardpan/rock

**Plant Symptoms - Degree of Injury**

**Specific Symptoms (****all that apply)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ⁯ Yellowing | ⁯ Severe | ⁯ Moderate | ⁯ Light | ⁯ Leaf mottling | ⁯ Severe | ⁯ Moderate | ⁯ Light |
| ⁯ Wilting | ⁯ Severe | ⁯ Moderate | ⁯ Light | ⁯ Leaf fall | ⁯ Severe | ⁯ Moderate | ⁯ Light |
| ⁯ Leaf spot | ⁯ Severe | ⁯ Moderate | ⁯ Light | ⁯ Stunting | ⁯ Severe | ⁯ Moderate | ⁯ Light |
| ⁯ Shot holes | ⁯ Severe | ⁯ Moderate | ⁯ Light | ⁯ Canker | ⁯ Severe | ⁯ Moderate | ⁯ Light |
| ⁯ Chewing | ⁯ Severe | ⁯ Moderate | ⁯ Light | ⁯ Root rot | ⁯ Severe | ⁯ Moderate | ⁯ Light |
| ⁯ Trunk splits | ⁯ Severe | ⁯ Moderate | ⁯ Light | ⁯ Abnormal growth | ⁯ Severe | ⁯ Moderate | ⁯ Light |
| ⁯ Trunk damage | ⁯ Severe | ⁯ Moderate | ⁯ Light | ⁯ Fruit spot | ⁯ Severe | ⁯ Moderate | ⁯ Light |
| ⁯ Boring | ⁯ Severe | ⁯ Moderate | ⁯ Light | ⁯ Fruit rot | ⁯ Severe | ⁯ Moderate | ⁯ Light |
| ⁯ Marginal burn | ⁯ Severe | ⁯ Moderate | ⁯ Light | ⁯ Banding on needle | ⁯ Severe | ⁯ Moderate | ⁯ Light |

**Area of Plant Affected**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ⁯ Wood | ⁯ Cone | ⁯ Trunk | ⁯ Leaf | ⁯ Pith | ⁯ Flower | ⁯ Needle ⁯ Upper Branches ⁯ Lower Branches |
| ⁯ Bark | ⁯ Bud | ⁯ Root | ⁯ Petiole | ⁯ Stem | ⁯ North | ⁯ South ⁯ East ⁯ West |

**How much of the plant is affected?** %

**Has the problem site been altered in any way (paving, construction, excavation, soil added, etc.) in the past 5 years? Please explain.**

**FOR OFFICE USE ONLY**

**DIAGNOSIS: Identification by: RECOMMENDATION: Reference: Date answer given: Answer given by:**

**⁯** Answering machine **⁯** Verbal on telephone **⁯** In person **⁯** Mailing **⁯** On-site **⁯ COMPLETED**

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